AHCCCS

Our first care is your health care

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

AHCCCS
Technical Interface Guidelines
Health Plan Interface

Information Services Division

October 2003

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Preface

Overview

Document objective

The Technical Interface Guidelines is distributed to Health Plans and program contractors to further their understanding of the AHCCCS technical environment. Information on ways in which Health Plans and program contractors will provide information to and receive information from the AHCCCS administration through the AHCCCS environment is covered. In addition, a section on electronic claims submission is included for providers and/or processing agents that submit fee-for-service claims to AHCCCS.

Assumptions

Intended users

The Technical Interface Guidelines is for Health Plan and program contractor staff that needs to provide information to or receive information from the AHCCCS administration through the AHCCCS technical environment and for providers and processing agents that submit fee-for-service claims to AHCCCS.

Contents of the Technical Interface Guidelines

General Information and Technical Environment	Includes two sections: • The General Information section includes a brief history of AHCCCS, an overview of AHCCCS as an agency, organizational structure, and telephone numbers of key AHCCCS contacts. • The Technical Environment section includes a brief overview of the parts of the Prepaid Medical Management Information System (PMMIS) and general information about communications requirements.
Health Plan Interface (this document)	Includes information on enrollment notification, capitation notification, TPL listing and other data files that are available to the Health Plans.
Recipient Interface	Includes general information on the Eligibility Verification System (EVS), Interactive Voice Response (IVR) system, and WEB Based Verification system.
Encounter Interface	Includes information on required formats for data that is exchanged between AHCCCS and the Health Plans including encounter submissions, pending encounter corrections and the adjudicated encounters report. Information regarding Reinsurance processing and interfaces is also included in this section.
Provider Interface	Includes information on the format in which provider affiliation data must be submitted to AHCCCS and information on the format in which provider data is available from AHCCCS.

Continued on next page

Contents of the Technical Interface Guidelines, Continued

Program Contractor Interface	• The Program *Contractor Case Management Interface* Includes information on members' case management data -- records of the members' cost-effectiveness studies, case managers, placement histories, review dates, and all Title XIX services authorized for and provided to members, including third party services. • The *Program Contractor Remote Elderly and/or Physically Disabled (EPD) Pre-Admission Screening (PAS) Print at Maricopa/Pima* Includes information on daily Pre-Admission Screening (PAS) reports transmitted and printed for Maricopa and Pima Counties.
Reference Interface	Includes information on the HCFA Common Procedure Coding System (HCPCS) tape.

Conventions Used in this Manual

bold	• Characters that you must key exactly as they appear. For example, "type **tapes.xls**" means that you must key all of the bold characters exactly as printed. • Critical or important information (**highlighted**), usually cautions or warnings. • Selections made from the screen. For example, "Select **Save As** on the File menu."
italic	• Reference to material external to the current section or external to the current chapter. For example, *"See Appendix A for more information."* • Titles of published work. For example, "*Administrative Policies and Procedures Manual."*
bold italic	Place holders for information the user should physically key as displayed. For example, "Type ***filename***" indicates that you must type the actual name for the file, instead of the word "filename."
SMALL CAPS	Directory names or file names. For example, "TAPES.XLS resides in the directory C:\TAPES\EXCEL\LOG subdirectory."
BOLD SMALL CAPS	Keyboard commands or names of keys on the keyboard. For example, "Press **PF1** or press **ENTER**."
KEY1+KEY2	Keys that should be pressed simultaneously. For example, **CTRL+0** means that you should press and hold the **CTRL** key and press the **0** character.
underline	• Emphasizes key words. For example, "This will allow OGA to focus on how the contact information will assist their case rather than where the information might be located." • Letters that are underlined in menus, commands, or dialog boxes will retain that underlining in this document. For example, "Select **Numbered** on the Bullets and Numbering dialog box.
Type	• Key in data. For example "Type the new spreadsheet file name, **tapes2.xls**."

Health Plan Interface Overview

Overview

Introduction

This chapter includes information on enrollment notification, capitation notification, TPL listing and other data files that are available to the Health Plans.

In this document

The Health Plan Interface covers the following topics.

Daily Enrollment Notification Process

Overview

Introduction

Daily Enrollment Notifications identify:

- new additions (members) to a Health Plan for which the Health Plan is responsible
- persons disenrolled or deceased for whom the Health Plan is no longer responsible
- changes to member's demographic data such as name, address or date of birth
- other changes, such as rate code changes.

Daily Enrollment Notifications occur through the HIPAA 834 Transaction Code Set.

Capitation for enrollments will be calculated on a per diem basis. Capitation will be paid through the end of the processing month. Prospective capitation will be paid on a monthly basis (*see Monthly Notification Process*).

Capitation payments and recoupments as a result of Daily Enrollment Notification process are transmitted to the Health Plan on the HIPAA 820 Transaction Code Set.

Schedules

The following table outlines schedules for the daily enrollment notification process.

Processing requirement	Schedule
Enrollment processing	normally completes between 8:00 p.m. and 11:59 p.m. each night for the day's activity.
HIPAA 834 and 820 TCS files	are downloaded to the AHCCCS Communications Server and available for extraction by the Health Plan by 11:59 p.m.

Media

Enrollment notifications are produced in data file format. Health Plans, or their services bureaus, must dial in to the Arizona Health Care Cost Containment System (AHCCCS) computer system and download the data file for batch processing.

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Testing

Enrollment Notification and Capitation Notification file transmissions must be tested in coordination with the AHCCCSA ISD operations staff prior to production implementation of a new Health Plan or change in service bureau, or as a result of changes. Typical testing of file transmissions takes approximately one week and must be completed prior to implementation of any new processing arrangement.

Reference documents

HIPAA 834 Companion Document for Daily Enrollment Notification
HIPAA 820 Companion Document for Weekly Capitation Notification.

Notes

Enrollment notification and capitation notification data, once delivered to the Health Plan, is considered legal notification of the Health Plan's responsibility for provision of care to AHCCCS members.

Special attention should be given to the daily process immediately preceding the monthly processing, as well as to the daily processing run on the last two days of the month. The daily process which runs prior to the monthly is referred to as the 'last daily' and will contain all rate code changes which are effective for the next month, as well as any new enrollment, and a majority of the disenrollments effective at the end of the month. It is important that this last daily be processed by the Health Plans before attempting to run the monthly reconciliation process (*see Monthly Enrollment Notification Process*.)

The two daily processes that run after the monthly process are different from 'regular' daily process in that they will pay capitation, or recoup capitation into the next month. This is because the monthly, which normally pays prospective capitation, has already run.

Daily Rate Code Summary

Overview

Introduction

The Daily Capitation Notification process (HIPAA 820) also creates the Daily Rate Code Summary. The Rate Code Summary provides a formatted report file for the Health Plan of the total dollar amounts by contract type, rate code, and county. The Daily Rate Code Summary provides a view of the amounts paid for each rate code of the next prospective month's capitation. The Daily Rate Code Summary can also be used to reconcile against the Daily HIPAA 820 TCS.

Schedules

The following table outlines schedules for the Daily Rate Code Summary.

Processing requirement	Schedule
Daily Rate Code Summary files	are created and available on the AHCCCS Communications server at approximately the same time as the Daily Capitation Notification file (HIPAA 820).

Media

Daily Rate Code Summary is available on the AHCCCS communications server.

Testing

Daily Rate Code Summary transmissions must be tested in coordination with the AHCCCS ISD operations staff prior to production implementation of a new Health Plan; change in service bureau, or as a result of roster changes. Typical testing of file transmissions takes approximately one week and must be completed prior to implementation of any new processing arrangement.

Reference documents

The following table lists page numbers of reference documents related to the Daily Rate Code Summary process.

Reference Document	See Page
Daily Rate Code Summary Layout	13

Continued on next page

Notes

Daily Rate Code Summary file is created as a formatted report, not a data file.

Daily Rate Code Summary files are retained on the AHCCCS computer server for one week.

Daily Rate Code Summary Layout

```
REPORT ID: HP07D009                    ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM                              PAGE:   1
PROGRAM #: HP07L009                   DAILY ENROLLMENT/CAPITATION MAINTENANCE ROSTER                            RUN:01/20/03
                                            RATE CODE SUMMARY AS OF 01/20/03                                          21:49
HEALTH PLAN: 000000 Health Plan            CONTRACT TYPE:  A  ACUTE CAPITATED                 COUNTY: 13 MARICOPA
                                                 COUNT         AMOUNT
ACTION CODE AA
          ------------------------------------------------------------------------------------------------------------------
          3316 AHC CARE MALE 21-44 NO MD              1           86.49
          ------------------------------------------------------------------------------------------------------------------
          3615 AHC CARE/MI FEMALE 14-20               1           86.49
          ------------------------------------------------------------------------------------------------------------------
          4311 SOBRA CHILD <1 M & F NON-              1          138.42
          ------------------------------------------------------------------------------------------------------------------
ACTION CODE TOTAL                                     3          311.40
          ------------------------------------------------------------------------------------------------------------------
ACTION CODE AO
          ------------------------------------------------------------------------------------------------------------------
          1011 TANF <1 M & F NON-MEDICAR              1         -138.42
          ------------------------------------------------------------------------------------------------------------------
          2100 SSI AGED WITH MEDICARE                 1          -76.25
          ------------------------------------------------------------------------------------------------------------------
          4311 SOBRA CHILD <1 M & F NON-              1         -161.49
          ------------------------------------------------------------------------------------------------------------------
          4315 SOBRA CHILD 14-20 FEMALE               1          -55.44
          ------------------------------------------------------------------------------------------------------------------
          5017 SOBRA PREG 21-44 FEMALE N              1          -55.44
          ------------------------------------------------------------------------------------------------------------------
ACTION CODE TOTAL                                     5         -487.04
          ------------------------------------------------------------------------------------------------------------------
ACTION CODE CI
          ------------------------------------------------------------------------------------------------------------------
          4314 SOBRA CHILD 14-20 MALE NO              1           42.46
          ------------------------------------------------------------------------------------------------------------------
ACTION CODE TOTAL                                     1           42.46
          ------------------------------------------------------------------------------------------------------------------
ACTION CODE EC
          ------------------------------------------------------------------------------------------------------------------
          1012 TANF 01-05 M & F NON-MEDI              1           32.18
          ------------------------------------------------------------------------------------------------------------------
           1017 TANF 21-44 FEMALE NON-MED                 1           55.44
```

Monthly Enrollment Notification Process

Overview

Introduction

Monthly Enrollment Notification files identify the total active population for each Health Plan as of the first of the next month. The Monthly Enrollment Notification file is used to reconcile the Health Plan's member file against that of AHCCCS. In order for this reconciliation to be successful, it is important that all daily transmission files, including the last daily, be processed prior to the monthly reconciliation.

There are no Monthly Capitation Notification files. Capitation is transmitted to Health Plans weekly in HIPAA 820 TCS.

Schedules

The following table outlines schedules for the Monthly Enrollment Notification process.

Processing requirement	Schedule
Monthly Enrollment Notification	occurs three days before the first of the next month for each Health Plan under contract with AHCCCS. For a thirty-one day month, the Monthly Notification file is run after the 'Last Daily' Enrollment Notification file on the twenty-ninth day of the month. The 'Last Daily' and Monthly Enrollment Notification processing schedules are published in advance of each monthly cycle and is available from AHCCCS web site.

Media

Monthly Enrollment Notification file is available on the AHCCCS communications server.
Monthly Enrollment Notification is produced in 834 data file format only.

Continued on next page

Testing

Monthly Enrollment Notification and Monthly Capitation Notification file transmissions must be tested in coordination with the AHCCCS ISD operations staff prior to production implementation of a new Health Plan, change in service bureau, or as a result of roster changes. Typical testing of file transmissions takes approximately one week and must be completed prior to implementation of any new processing arrangement.

Reference documents

HIPAA 834 Companion Document

Notes

Monthly Enrollment Notification data, once delivered to the Health Plan, is considered legal notification of the Health Plan's responsibility for provision of care to AHCCCS members.

Monthly Enrollment Notification files are retained on the AHCCCS computer server for one month.

Monthly Rate Code Summary Process

Overview

Introduction

The Monthly Rate Code Summary provides a report for the Health Plan of the total dollar amounts by contract type, rate code, and county. The Monthly Rate Code Summary provides a view of the capitation paid for each rate code for the prospective month's capitation. The Monthly Rate Code Summary can also be used to reconcile against the Weekly HIPAA 820 TCS.

Schedules

The following table outlines schedules for the Monthly Rate Code Summary.

Processing requirement	Schedule
Monthly Rate Code Summary files	are created and available on the AHCCCS Communications server at approximately the same time as the Monthly Enrollment Notification file

Media

Monthly Rate Code Summary is available on the AHCCCS communications server.

Testing

Monthly Rate Code Summary transmissions must be tested in coordination with the AHCCCS ISD operations staff prior to production implementation of a new Health Plan, change in service bureau, or as a result of roster changes. Typical testing of file transmissions takes approximately one week and must be completed prior to implementation of any new processing arrangement.

Reference documents

The following table lists page numbers of reference documents related to the monthly roster process.

Reference Document	See Page
Monthly Rate Code Summary Layout	17

Notes

Monthly Rate Code Summary files are retained on the AHCCCS computer server for one month.

Monthly Rate Code Summary Layout

DATA NAME	PICTURE	ACTUAL POSITIONS FROM	TO	REMARKS
PROCESS DATA	X(08)	1	8	CCYYMMDD
HEALTH PLAN ID	X(06)	9	14	
RECORD TYPE	X(03)	15	17	See table below
CONTRACT TYPE	X(01)	18	18	
COUNTY SERVICE AREA	X(02)	19	20	
RATE CODE	X(04)	21	24	
RISK GROUP	X(04)	25	28	
COUNT	N(8)	29	36	
AMOUNT	N(9.2)	37	47	

Record Types:

RECORD TYPE	DESCRIPTION
COD	County Detail
COT	County Total
CTD	County Total Detail
HPD	Health Plan Detail
HPT	Health Plan Total

Mass Adjustment Process

Overview

Introduction

The Mass Adjustment process is used as a tool for administrative adjustment of contracted rates. Previously paid amounts are recouped, and then repaid at the new rate. From the Health Plans' perspective, the mass adjustment resembles the Daily Enrollment Notification process in that it is transaction driven. The mass adjustment transmission file (HIPAA 820) is identical to that produced using the Daily Enrollment Notification process.

Schedules

The following table outlines schedules for the mass adjustment process.

Processing requirement	Schedule
Mass adjustment processing	is normally scheduled after the completion of the daily roster process as needed. Health Plans are notified of the adjustment in writing prior to processing.
HIPAA 820 TCS files	are downloaded to the AHCCCS Communications Server and available for extraction by the Health Plan by 11:59 p.m. on a weekly basis.

Media

The Weekly Capitation Notification file (HIPAA 820) is available on the AHCCCS communications server.

Testing

Weekly Capitation Notification transmissions must be tested in coordination with AHCCCS ISD operations staff prior to production implementation of a new Health Plan or change in service bureau, or as a result of changes. Typical testing of file transmissions takes approximately one week and must be completed prior to implementation of any new processing arrangement.

Reference documents

HIPAA 820 Companion Document

Manual Payment Process

Overview

Introduction

The Manual Payment process is used as a tool for manual adjustments to capitation records. Manual payments are utilized to create a payment or recoupment override to manually process records that would not be processed systematically.
From the Health Plan perspective the Manual Payment Process will be incorporated into the Weekly Capitation Notification (HIPAA 820) processes.

Schedules

The following table outlines schedules for the Manual Payment Process:

Processing requirement	Schedule
Manual Payment Update	On-line entry during the day.
Manual Payment Roster	are downloaded to the AHCCCS Communications Server and available for extraction by the Health Plan by 11:59 p.m
820 TCS files	are downloaded to the AHCCCS Communications Server and available for extraction by the Health Plan by 6 a.m. every Wednesday

Media

The Daily Manual Payment Roster and Weekly Capitation Notification file (HIPAA 820) are available on the AHCCCS communications server.

Testing

Daily Manual Payment Roster and Weekly Capitation Notification transmissions must be tested in coordination with AHCCCS ISD operations staff prior to production implementation of a new Health Plan or change in service bureau, or as a result of changes. Typical testing of file transmissions takes approximately one week and must be completed prior to implementation of any new processing arrangement.

Reference documents

HIPAA 820 Companion Document

Manual Payment Roster Layout

DATA NAME	PICTURE	ACTUAL FROM	POSITION TO	REMARKS
RECORD TYPE	X(02)	001	002	'01' = DETAIL 'XX' = TRAILER
PROCESS DATE	X(08)	003	010	CCYYMMDD
HEALTH PLAN ID	X(06)	011	016	
CONTRACT TYPE	X(01)	017	017	*SEE ATTACHED
AHCCCS ID	X(09)	018	026	
CASE ID	X(09)	027	035	
PRIMARY AHCCCS ID	X(09)	036	044	
ALTERNATE ID	X(15)	045	059	
MEDICARE CLAIM ID	X(12)	060	071	
PROCESS SEQUENCE	X(02)	072	073	'01', '02', '03', ETC.
ACTION TYPE	X(01)	074	074	A = ADD, C = CHANGE, or D = DELETE/DISENROLL
GSA CODE	X(02)	075	076	02 = YUMA 04 = LA PAZ/MOHAVE
GSA DESCRIPTION	X(15)	077	091	06 = COCONINO/YAV 08 = GILA/PINAL 10 = PIMA 12 = MARICOPA 14 = GRAHAM/GREEN
				16 = APACHE/NAVAJO 18 = COCHISE/SANTA 98 = ALL
COUNTY CODE	X(02)	092	093	01 = APACHE 03 = COCHISE 05 = COCONINO
COUNTY NAME	X(15)	094	108	07 = GILA 09 = GRAHAM 11 = GREENLEE
				13 = MARICOPA 15 = MOHAVE 17 = NAVAJO
				19 = PIMA 21 = PINAL 23 = SANTA CRUZ
				25 = YAVAPAI 27 = YUMA 29 = LA PAZ
MEDICARE PART A	X(01)	109	109	Y or N
MEDICARE PART B	X(01)	110	110	Y or N
ACTION CODE	X(02)	111	126	MAY OCCUR UP TO 8 TIMES (SEE ATTACHED AC TABLE)

RECIPIENT LAST NAME	X(23)	127	149	
RECIPIENT FIRST NAME	X(10)	150	159	
RECIPIENT M. INITIAL	X(01)	160	160	
RECIPIENT GENDER	X(01)	161	161	'M' or 'F'
DATE OF BIRTH	X(08)	162	169	CCYYMMDD
DATE OF DEATH	X(08)	170	177	CCYYMMDD
MAIL STREET ADDRESS 1	X(25)	178	202	
MAIL STREET ADDRESS 2	X(25)	203	227	
MAIL CITY	X(20)	228	247	
MAIL STATE	X(02)	248	249	
MAIL ZIP CODE 5	X(05)	250	254	
MAIL ZIP CODE 4	X(04)	255	258	
FILLER 1	X(05)	259	263	
RESIDENCE ST. ADD. 1	X(25)	264	288	
RESIDENCE ST. ADD. 2	X(25)	289	313	
RESIDENCE CITY	X(20)	314	333	
RESIDENCE STATE	X(02)	334	335	
RESIDENCE ZIP CODE 5	X(05)	336	340	
RESIDENCE ZIP CODE 4	X(04)	341	344	
FILLER 2	X(04)	345	348	
TELEPHONE NUMBER	X(10)	349	358	
ELIGIBILITY BEGIN DATE	X(08)	359	366	CCYYMMDD (MN/MI and ELIC ONLY)
ELIGIBILITY END DATE	X(08)	367	374	CCYYMMDD (MN/MI and ELIC ONLY)
PPC/ENROLL BEGIN DATE	X(08)	375	382	CCYYMMDD
PPC/ENROLL END DATE	X(08)	383	390	CCYYMMDD

ENROLLMENT RATE CODE	X(04)	391	394	SEE ATTACHED RATE CODE TABLE	
FILLER 3	X(10)	395	404		
RISK GROUP	X(04)	405	408	TACI = TANF M&F <1	TACS = TANF M&F 01-13
				FMAL = TANF 'F' 14 - 44	MALE = TANF 'M' 14 - 44
				ADLT = TANF M & F 45+	MNMI = MNMI W-W/0 MED
				SSIW = SSI W/MEDICARE	SSIN = SSI W/O MEDICARE
				SFPS = SOBRA FPS	SBRA = SOBRA SUPP PMT
				ALTC = TANF (LTC)	
RISK GROUP QUALIFIER	X(02)	409	410	AF = AFDC (NON-SOBRA)	EA = EAC
				EL = ELIC	FP = SOBRA FAM. PLAN.
				KC = KIDSCARE	MI = MEDICALLY INDIG.
				MN = MEDICALLY NEEDY	QA = QMB ONLY AGED
				QB = QMB ONLY BLIND	QD = QMB ONLY DSBLED
				QO = QMB OTHER	SA = SSI AGED
				SB = SSI BLIND	SC = SOBRA CHILD
				SD = SSI DISABLED	SI = SSI
				SO = SOBRA WOMAN	TA = TANF
FILLER 4	X(08)	411	418		
VOUCHER NUMBER	X(09)	419	427		
CAPITATION AMOUNT	N(7.2)	428	436		
NUMBER DAYS COVERED	X(03)	437	439		
PAYMENT FROM DATE	X(08)	440	447	CCYYMMDD	

PAYMENT THRU DATE	X(08)	448	455	CCYYMMDD	
PREGNANCY INDICATOR	X(01)	456	456	'Y' or BLANK	
LTC TRANSITION IND.	X(01)	457	457	'T' or BLANK	
FACILITY ID	X(06)	458	463	ALTCS from LEDS	
FACILITY NAME	X(25)	464	488	ALTCS from LEDS	
SHARE OF COST DATE	X(06)	489	524	MMCCYY - OCCURS 6 TIMES (ALTCS ONLY)	
SHARE OF COST AMOUNT	N(6.2)	525	572	OCCURS 6 TIMES (ALTCS ONLY)	
PRIOR PLAN INDICATOR	X(01)	573	573	'Y' or BLANK	
PRIOR PLAN NAME	X(25)	574	598		
MENTAL HEALTH CAT.	X(01)	599	599	C = CHILDRENS SVCS	H = GMH AL/SUBS. SVCS
				I = NON-SMI 18-20 & 65+	K = KC CHILDREN 18 - 19
				S = SMI	Z = SED CHILDREN
FILLER 5	X(02)	600	601		
MENTAL HLTH BEGIN DT	X(08)	602	609	CCYYMMDD	
MENTAL HEALTH END DT	X(08)	610	617	CCYYMMDD	
LANGUAGE	X(1)	618	618	Effective on 10/01/01	
FILLER 6	X(82)	619	700		

THE LAST RECORD OF EACH DISK FILE HAS THE FOLLOWING SPECIFICATIONS:

DATA NAME	PICTURE	ACTUAL FROM	POSITION TO	REMARKS
RECORD TYPE	X(02)	001	002	'XX'
PROCESS DATE	X(08)	003	010	CCYYMMDD
HEALTH PLAN ID	X(06)	011	016	
NUMBER OF	X(08)	017	024	

RECIPIENTS				
TOTAL CAP AMOUNT	N(9.2)	025	035	
FILLER	X(665)	036	700	

Active Care Listing

Overview

Introduction

Active Care Notifications identify:

- new members to a Health Plan who have certain medical conditions that have been reported by the eligibility determination agency

Active Care Notification process provides additional information to the Health Plan of members who may require immediate transition of care.

Schedules

The following table outlines schedules for the daily Active Care notification process.

Processing requirement	Schedule
Active Care File	normally completes between 8:00 p.m. and 11:59 p.m. each night for the day's activity.

Media

Active Care notifications are produced in data file format. Health Plans, or their services bureaus, must dial in to the Arizona Health Care Cost Containment System (AHCCCS) computer system and download the data file for batch processing.

Testing

Active Care notification file transmissions must be tested in coordination with the AHCCCSA ISD operations staff prior to production implementation of a new Health Plan or change in service bureau, or as a result of changes. Typical testing of file transmission takes approximately one week and must be completed prior to implementation of any new processing arrangement.

Reference documents

The following table lists page numbers of reference documents related to the daily Active Care notification process.

Reference Document	Document
Active Care File Layout	26

Active Care File Layout

DATA NAME	PICTURE	ACTUAL POSITIONS FROM	TO	REMARKS
HEALTH PLAN ID	X(06)	1	6	
COUNTY ID	X(01)	7	8	
RECIPIENT ID	X(09)	9	17	
MOTHER'S ID	X(09)	18	26	
RECIPIENT CASE	X(09)	27	35	
MOTHER'S CASE	X(09)	36	44	
RECIPIENT NAME	X(34)	45	78	
MOTHER'S NAME	X(34)	79	112	
RECIPIENT SEX	X(01)	113	113	
RECIPIENT DATE OF BIRTH	X(08)	114	121	CCYYMMDD
LOCATION NAME	X(34)	122	155	
MEDICAL CONDITION	X(02)	156	157	SEE BELOW
DATE ADMITTED	X(08)	158	165	CCYYMMDD
EXPECTED DELIVERY	X(08)	166	173	CCYYMMDD

MEDICAL CONDITION (RF532)	
CODE	DESCRIPTION
BB	BED-BOUND
CC	LTC FACILITY CONV CARE
CH	CHEMOTHERAPY
DI	DIALYSIS
ER	ER-ACC/INJ RELATED
HA	HOSPITALIZED-ACC/INJ REL
HI	HEAD INJURY
HS	HOSPITALIZED
NN	NEWBORN-NORMAL
OA	OUTPATIENT-ACC/INJ REL
PG	PREGNANT
PR	PREGNANT-HIGH RISK
RT	RADIATION THERAPY
SI	SPINAL CORD INJURY
SN	NEWBORN-SICK
ST	SURGICAL STERILIZATION
TP	TRANSPLANTS

Prior Plan Listing

Overview

Introduction

Prior Plan Listing identify:

- members who have been enrolled into a new Health Plan that were previously disenrolled from another Health Plan up to 90 days in the past

Prior Plan Listing process provides information to the previous Health Plan of members who have now enrolled into a different Health Plan for transition of care.

Schedules

The following table outlines schedules for the daily Prior Plan Listing process.

Processing requirement	Schedule
Prior Plan Listing	normally completes between 8:00 p.m. and 11:59 p.m. each night for the day's activity.

Media

Prior Plan Listing notifications are produced in data file format. Health Plans, or their services bureaus, must dial in to the Arizona Health Care Cost Containment System (AHCCCS) computer system and download the data file for batch processing.

Testing

Prior Plan Listing notification file transmissions must be tested in coordination with the AHCCCSA ISD operations staff prior to production implementation of a new Health Plan or change in service bureau, or as a result of changes. Typical testing of file transmission takes approximately one week and must be completed prior to implementation of any new processing arrangement.

Reference documents

The following table lists page numbers of reference documents related to the daily Prior Plan Listing process.

Reference Document	Document
Prior Plan Listing Layout	28

Prior Plan Listing Layout

DATA NAME	PICTURE	ACTUAL POSITIONS FROM	TO	REMARKS
PRIOR PLAN HP ID	X(06)	1	6	
RECIPIENT'S CURRENT ENROLLMENT HP NAME	X(25)	7	31	
EFFECTIVE DATE OF CURRENT ENROLLMENT	X(8)	32	39	CCYYMMDD
RECIPIENT'S AHCCCS ID	X(9)	40	48	
RECIPIENT'S NAME	X(34)	49	82	LAST NAME, FIRST NAME MIDDLE INITIAL
RECIPIENT'S DATE OF BIRTH	X(08)	83	90	CCYYMMDD

Open Enrollment Potential Transition Listing

Overview

Introduction

The Open Enrollment Potential Transition Listing Tapes provide the Health Plan with the basic demographic information of all members who may be joining or leaving the plan.

Important Note: Listing should not be confused with Enrollment Notification data. Whereas Enrollment Notification data, once delivered to the Health Plan, is considered legal notification, this is only preliminary information based on the member's choice during the Open Enrollment Period.

The Health Plan can use this information to begin preparing for the new members joining their plan and the transition of the members leaving their plan.

Schedules

Open enrollment occurs on an as-needed basis.

Media

The Open Enrollment Potential Transition file is available on the AHCCCS communications server.

Reference documents

The following table lists page numbers of reference documents related to the daily roster process.

Reference Document	See Page
Open Enrollment Potential Transition Listing Layout	30

Open Enrollment Potential Transition Listing Layout

DATA NAME	PICTURE	ACTUAL POSITIONS FROM	TO	REMARKS
PROCESS DATE	X(08)	1	8	YEARMMDD
CHOICE INDICATOR	X(01)	9	9	
NEW HEALTH PLAN ID	X(06)	10	15	
NEW HEALTH PLAN NAME	X(26)	16	41	
NEW COUNTY OF SERVICE	X(02)	42	43	
NEW RATE CODE	X(04)	44	47	
PREVIOUS HEALTH PLAN ID	X(06)	48	53	
PREVIOUS HEALTH PL. NAME	X(26)	54	79	
PREVIOUS COUNTY OF SERV.	X(02)	80	81	
PREVIOUS RATE CODE	X(04)	82	85	
RECIPIENT AHCCCS ID	X(09)	86	94	
RECIPIENT LAST NAME	X(20)	95	114	
RECIPIENT FIRST NAME	X(10)	115	124	
RECIPIENT MIDDLE INITIAL	X(1)	125	125	
RCP. STREET ADDRESS LINE1	X(25)	126	150	
RCP. STREET ADDRESS LINE2	X(25)	151	175	
CITY	X(20)	176	195	
STATE	X(02)	196	197	
ZIP CODE	X(05)	198	202	
DATE OF BIRTH	X(08)	203	210	YEARMMDD
NEW RECORD INDICATOR	X(01)	211	211	
PCP CHOICE	X(25)	212	236	

Annual Enrollment Potential Transition Listing File

Overview

Introduction

The Annual Enrollment Potential Transition Listing File provides the Health Plan with the basic demographic information of all members who may be joining or leaving. This is only preliminary information based on the member's choice during the Annual Enrollment Period.

Important Note: Listing should not be confused with Enrollment Notification data. Whereas Enrollment Notification data, once delivered to the Health Plan, is considered legal notification, this is only preliminary information based on the member's choice during the Annual Enrollment Period.

The Health Plan can use this information to begin preparing for the new members joining their plan and the transition of the members leaving their plan.

Schedules

The file is normally created by the 10th of the month following the member's Annual Enrollment Period.

Media

The Annual Enrollment Potential Transition Listing File is available on the AHCCCS communications server.

Reference documents

The following table lists page numbers of reference documents related to the Annual Enrollment Potential Transition Listing process.

Reference Document	See Page
Annual Enrollment Potential Transition Listing File Format	32

Annual Enrollment Potential Transition Listing File Format

DATA NAME	PICTURE	ACTUAL POSITIONS FROM	TO	REMARKS
PROCESS DATE	X(08)	1	8	CCYYMMDD
CHOICE INDICATOR	X(01)	9	9	
NEW HEALTH PLAN ID	X(06)	10	15	
NEW HEALTH PLAN NAME	X(26)	16	41	
NEW COUNTY OF SERVICE CODE	X(02)	42	43	
NEW RATE CODE	X(04)	44	47	
PREVIOUS HEALTH PLAN ID	X(06)	48	53	
PREVIOUS HEALTH PLAN NAME	X(26)	54	79	
PREVIOUS COUNTY OF SERVICE	X(02)	80	81	
PREVIOUS RATE CODE	X(04)	82	85	
RECIPIENT AHCCCS ID	X(09)	86	94	
RECIPIENT LAST NAME	X(20)	95	114	
RECIPIENT FIRST NAME	X(10)	115	124	
RECIPIENT MIDDLE INITIAL	X(01)	125	125	
RCP. STREET ADDRESS LINE 1	X(25)	126	150	
RCP. STREET ADDRESS LINE 2	X(25)	151	175	
CITY	X(20)	176	195	
STATE	X(02)	196	197	
ZIP CODE	X(05)	198	202	
DATE OF BIRTH	X(08)	203	210	CCYYMMDD
NEW RECORD INDICATOR	X(01)	211	211	
FILLER	X(25)	212	236	

Members With Choice (MWC) File

Overview

Introduction

The Members With Choice file provides the Health Plan with a listing of their members that have received an Annual Choice letter during that current month.

The Health Plan can use this information for marketing purposes only.

Schedules

This file is normally created by the 7th of the month in which their member has received an Annual Enrollment Choice Letter.

Media

The Members with Choice file is available on the AHCCCS communications server.

Reference documents

The following table lists page numbers of reference documents related to the Members With Choice process.

Reference Document	See Page
Members With Choice (MWC) File Layout	34

Members With Choice (MWC) File Layout

DATA NAME	PICTURE	ACTUAL POSITIONS FROM	ACTUAL POSITIONS TO	REMARKS
COUNTY CODE	X(02)	1	2	
HEALTH PLAN ID	X(06)	3	8	
RECIPIENT LAST NAME	X(20)	9	28	
FILLER	X(03)	29	31	
RECIPIENT FIRST NAME	X(10)	32	41	
RECIPIENT M. NAME	X(01)	42	42	
AHCCCS ID	X(09)	43	51	
GENDER	X(01)	52	52	
DATE OF BIRTH	X(08)	53	60	

Third Party Leads (TPL) File

Overview

Introduction

The Third Party Leads (TPL) file identifies:

- New TPL additions to a Health Plan membership
- Changes of TPL information
- Deletions of TPL information.

Schedules

The following table outlines schedules for the TPL file processing.

Processing requirement	Schedule
The TPL file processing	is performed seven days a week for each Health Plan under contract with AHCCCS. This file is produced near the end of the daily batch update cycle,.
TPL data files	are downloaded to the AHCCCS Communications Server, verified, and available for extraction by the Health Plan by 7:00 a.m. the next day.

Media

The TPL File is available on the AHCCCS communications server.

Testing

TPL file transmissions must be tested in coordination with AHCCCS ISD operations staff prior to production implementation of a new Health Plan or change in service bureau, or as a result of roster changes. Typical testing of transmissions takes approximately one week and must be completed prior to implementation of any new processing arrangement.

Reference documents

The following table lists page numbers of reference documents related to the TPL file.

Reference Document	See Page
Third Party Leads (TPL) File Layout	36

Third Party Leads (TPL) File Layout

DATA NAME	PICTURE	ACTUAL POSITIONS		REMARKS
		FROM	TO	
RECIPIENT INFORMATION				
SEQUENCE NUMBER	X(02)	1	2	
PROCESS DATE	X(06)	3	8	YYMMDD
AHCCCS ID	X(09)	9	17	
LAST NAME	X(20)	18	37	
FIRST NAME	X(10)	38	47	
GENDER	X(01)	48	48	
DATE OF BIRTH	X(08)	49	56	CCYYMMDD
POLICY NUMBER	X(20)	57	76	
COVERAGE TYPE	X(01)	77	77	‘G’ , ‘I’ , ‘H’, 'M', 'O'
BEGIN DATE	X(08)	78	85	
END DATE	X(08)	86	93	
CARRIER NAME	X(30)	94	123	
CARRIER PHONE	X(10)	124	133	
CARRIER STREET-1	X(23)	134	156	
CARRIER STREET-2	X(23)	157	179	
CARRIER CITY	X(18)	180	197	
CARRIER STATE	X(02)	198	199	
CARRIER ZIP	X(09)	200	208	
INSURED NAME	X(31)	209	239	
RELATIONSHIP	X(01	240	240	‘A’, ‘C’, ‘G’, ‘L’, 'O', 'P', 'S'
INSURED EMPLOYER	X(30)	241	270	
INSURED GROUP NO.	X(20)	271	290	
DATE RECORD ADD.	X(08)	291	298	
DATE LAST MODIFY	X(08)	299	306	
DATE VERIFIED	X(08)	307	314	
HEALTH PLAN ID	X(06)	315	320	

COVERAGE TYPE	
I	INDIVIDUAL
G	GROUP
M	MEDIGAP
H	HOSPITALIZATION
O	OTHER
INSURED RELATIONSHIP	
A	ABSENT PARENT
C	CHILD
G	GUARANTOR
L	LEGAL GUARDIAN
O	OTHER
P	PARENT
S	SELF

Third Party Liability Submission File

Overview

Introduction

Health Plans are required to submit to AHCCCS new updates of third party liability data they have collected for their members. Notification by the Health Plan can occur on paper or electronic interface.

Schedules

The following table outlines schedules for the Third Party Liability Submission file processing.

Processing requirement	Schedule
The TPL submission file processing	is performed once a week for each Health Plan under contract with AHCCCS.
TPL Submission data files	are downloaded from the AHCCCS Communications Server.

Media

The TPL Submission File is placed by the Health Plan on the AHCCCS communications server..

Testing

TPL Submission file transmissions must be tested in coordination with AHCCCS ISD operations staff prior to production implementation of a new Health Plan or change in service bureau, or as a result of other changes. Typical testing of transmissions takes approximately one week and must be completed prior to implementation of any new processing arrangement

Reference documents

The following table lists page numbers of reference documents related to the TPL Submission file.

Reference Document	See Page
Third Party Leads (TPL) File Layout	38

Third Party Liability Submission File Layout

File Date	X(08)	1	8	
Health Plan Id Number	X(06)	9	14	
Filler	X(369)	15	383	
DETAIL RECORD				
Transaction Type	X(01)	1	1	
Activity Date	X(08)	2	9	
Member Last Name	X(17)	10	26	
Member First Name	X(12)	27	38	
Member Middle Initial	X(01)	39	39	
Gender	X(01)	40	40	
Social Security No	X(09)	41	49	
AHCCCS ID	X(10)	50	59	
Date of Birth	X(08)	60	67	
Date of Death	X(08)	68	75	
Insured Relation to Client	X(03)	76	78	
Carrier Name	X(36)	79	114	
Carrier Street 1	X(040)	115	154	
Carrier Street 2	X(40)	155	194	
Carrier City	X(30)	195	224	
Carrier State	X(02)	225	226	
Carrier ZIP	X(09)	227	235	
Carrier Phone	X(10)	236	245	
Policy Number	X(20)	246	265	
Group Number	X(20)	266	285	
Policy Begin Date	X(08)	286	293	
Policy End Date	X(08)	294	301	
Coverage Type	X(03)	302	304	
Insured Last Name	X(17)	305	321	
Insured First Name	X(12)	322	333	
Insured Middle Initial	X(01)	334	334	
Insured SSN	X(09)	335	343	

Insured Employer	X(40)	344	383	
TRAILER RECORD				
Number of Records	X(05)	1	5	
Filler	X(378)	6	383	